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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

SERIAL NO.	§	10/644,336	Confirmation No. 5858
FILING DATE	§	08/20/2003	
TITLE	§	FLOOR LEVEL LIFT for PHYSICALLY CHALLENGED INDIVIDUALS	
APPLICANT	§	Forest S. Price et al	
ART UNIT	§	3673	
EXAMINER	§	Singh, Suni.	
CUSTOMER NO.	§	37471	

Mail Stop: NON-FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT A

Dear Sir:

Responsive to the Office Action of August 11, 2004, please amend the captioned patent application as follows.

Amendments to the Specification begin on page 2 of this paper .

Amendments to the Claims are reflected in the Listing of Claims which begins on page 6 of this paper.

Remarks/Arguments begin on page 9 of this paper.



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/644,336	
	Filing Date	08/20/2003	
	First Named Inventor	Forest Price et al	
	Art Unit	3673	
	Examiner Name	Singh, Suni	
Total Number of Pages in This Submission	14	Attorney Docket Number	Gerilft 001.01

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard Receipt
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	W. Allen Marcontell		
Signature			
Printed name	W. Allen Marcontell		
Date	Nov. 12, 2004	Reg. No.	22,925

CERTIFICATE OF TRANSMISSION/MAILING			
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